

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1441

2. Senate Sponsor	Ileana Garcia						
3. Date of Request	02/07/2023						
4. Project/Program De	escription						
housing opportunities through the provision	s for 60 individuals n of features, ameni tion of an an 11,000	with Intellectual a ities, and services 3 sq. ft. communi	ind Devel that ben	opmental Disa efit this vulner	abilities, and other rable population. Ac	ering community-based related disabilities dditionally, funding will f and support services,	
5. State Agency to rec	•		ment of E	conomic Oppo	ortunity		
State Agency conta	cted? No	<u> </u>			<u> </u>		
6. Amount of the Nonr	ecurring Request	for Fiscal Year 2	023-202	1			
Type of Funding				Amo	unt	1	
Operations				Alliu	500,000	-	
Fixed Capital Outlay					2,550,000	1	
Total State Funds Requested				3,050,000			
	•	3-2024 (includin	g matchi	ng funds avai		-	
7. Total Project Cost fo	•	3-2024 (includin		ng funds avai		-	
7. Total Project Cost for Type of Funding Total State Funds Re	or Fiscal Year 202				ilable for this proj	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remarks	or Fiscal Year 202			ount 3,050,000	ilable for this proj Percentage 92%	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds Federal	or Fiscal Year 2023 equested (from que	stion #6)		ount 3,050,000	ilable for this proj Percentage 92%	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds Federal State (excluding the	or Fiscal Year 2023 equested (from que	stion #6)		0 0 0	ilable for this proj Percentage 92% 0% 0%	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds Federal State (excluding the Local	or Fiscal Year 2023 equested (from que	stion #6)		0 0 0 0	Percentage 92% 0% 0% 0%	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other	equested (from que	estion #6)		0 0 0 0 250,000	Percentage 92% 0% 0% 0% 8%	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds Federal State (excluding the Local	equested (from que amount of this requ	stion #6)		0 0 0 0	Percentage 92% 0% 0% 0%	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pressure of the project of the projec	equested (from que amount of this requested Year 20 are for Fiscal Year 20 eviously received s	uest) 223-2024 state funding?	Yes	0 0 0 0 250,000 3,300,000	Percentage 92% 0% 0% 0% 8%	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pressure (yyyy-yy)	equested (from que amount of this requested (from sequested) for Fiscal Year 20 eviously received services	stion #6) Dest) D23-2024 State funding? Dunt Nonrecurring	Yes SAppr	0 0 0 0 250,000 3,300,000	Percentage 92% 0% 0% 0% 8% 100%	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pressure of the project of the projec	equested (from que amount of this requested Year 20 are for Fiscal Year 20 eviously received s	uest) 223-2024 state funding?	Yes SAppr	0 0 0 0 250,000 3,300,000	Percentage 92% 0% 0% 0% 8%	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pressure (yyyy-yy)	equested (from que amount of this requested (from que) amount of this requested	stion #6) 23-2024 state funding? Nonrecurring 300,00	Yes SAppr	0 0 0 0 250,000 3,300,000	Percentage 92% 0% 0% 0% 8% 100%	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (yyyy-yy) 2019-20 9. Is future funding like	equested (from que amount of this requested serviously received services and services serv	stion #6) 23-2024 state funding? ount Nonrecurring 300,00	Yes Appr	0 0 0 0 250,000 3,300,000	Percentage 92% 0% 0% 0% 8% 100%	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (yyyy-yy) 2019-20	equested (from que amount of this requested serviously received services and services services are services and services services are services services and services servic	stion #6) Destion	Yes Appr 00	0 0 0 0 250,000 3,300,000 Specific opriation #	Percentage 92% 0% 0% 0% 8% 100%	ect)	
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (yyyy-yy) 2019-20 9. Is future funding like a. If yes, indicate no	equested (from que amount of this requested serviously received services and services services are services and services services are services services and services servic	stion #6) Destion	Yes Appr 00	0 0 0 0 250,000 3,300,000 Specific opriation #	Percentage 92% 0% 0% 0% 8% 100%	ect)	



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LFIR # 1441

in yes, indicate the amount of funds received and what the funds were used for.					

Complete questions 11 and 12 for Fixed Capital Outlay Projects

- 11. Status of Construction
 - a. What is the current phase of the project?

c. What is the estimated start date of construction?

July 1, 2023

Yes

d. What is the estimated completion date of construction?

Sept 30, 2024

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

The Village of Casa Familia, Ltd. is the owner. Casa Familia, Inc. is a General Partner of the Village of Casa Familia, Ltd.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits		0			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study	Preoccupancy services provided by contracted third party provider, including but not limited to staff recruitment, on-boarding, training, development of IDD appropriate tenant materials, completion of tenant screenings, and service provider staff wages and overhead during lease-up.	500,000			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering	Capital funds to construct two garden-style elevator apartment buildings and an 11,000 sq. ft. community center.	2,550,000			
Total State Funds Requested (m	ust equal total from question #6)	3,050,000			

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



□For Profit Entity

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The Village of Casa Familia will be an affordable housing community that fosters housing opportunities for individuals with Intellectual and Developmental Disabilities (IDD) and other related disabilities, through the provision of features, amenities, and services that benefit this vulnerable population. This community will provide opportunities for individuals to maximize their independence and supports the federal mandates to transition individuals with IDD, from facility-based settings to community based settings, while providing, educational, and recreational enrichment, inclusion, and opportunities to enhance connectedness, integration, and self sufficiency.

b. What activities and services will be provided to meet the intended purpose of these funds?

The requested funds will pay for the cost of construction activities and pre-occupancy services, including staffing, training, accommodation services, and materials to support accommodations that benefit the diverse needs of adults with IDD and other special needs.

c. What direct services will be provided to citizens by the appropriation project?

In addition to the offer of tenancy, with the benefit of subsidized rent, in a community-based setting, all applicants will be provided a resident screenings, with the intent of breaking down barriers to community-based housing tenancy and promote housing sustainability. Experienced, trained, support staff will provide all applicant with person-centered accommodations, including but not limited to simplified leases and related materials, direct one-on-one guidance to explain the leasing process and ensure residents understand their responsibilities under their lease, and service coordination to ensure all applicants connect with the resources they need in the greater community, with the goal of ensuring tenant success.

d. Who is the target population served by this project? How many individuals are expected to be served?

The target population is adults with Intellectual and Developmental Disabilities. The project will offer 50 one and two bedroom apartments offering affordable housing to 60 individuals. Additionally, this project's community center will offer services, including classes and recreational activities, to individuals who do not reside at the Village of Casa Familia.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

This community will enable individuals to live as independently as they are capable, within their economic means, and save many from living in more restrictive environments or homelessness. Additionally, these funds will enable us to create a model, based on best practices, that can be replicated to serve the 1000's of individuals in need in conjunction with the Florida Housing Finance Corporation.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

Reimbursement o	of funds to th	e state.			
15. Requester Contac	t Informatio	on			
a. First Name	Anay		Last Name	Abraham	
b. Organization	Casa Fam	ilia, Inc.			
c. E-mail Address	aabraham	@casafamiliain	c.org		
d. Phone Number	(786)422-4	1676	Ext.		
16. Recipient Contact	Informatio	n			
a. Organization	Casa Fam	ilia, Inc.			
b. Municipality and	d County	Miami-Dade			
c. Organization Ty	ре				



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☑Non Profit 501(c	e)(3)				
□Non Profit 501(c	()(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Anay	Last Name	Abraham		
e. E-mail Address	aabraham@casafamiliain	c.org			
f. Phone Number	(786)422-4676				
17. Lobbyist Contact Information					
a. Name	None				
b. Firm Name	None				
c. E-mail Address					
d Phone Number					